

Inhibition of AXL Signaling with AB801 Augments Anti-Tumor Immune Responses

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- High expression of AXL, a receptor tyrosine kinase, results in drug resistance, attenuated immune responses, and poor prognosis in cancer patients^{1,2}
- AXL is expressed in cancer, stromal, and select immune cells. AXL signaling creates an immunosuppressive tumor microenvironment (TME) via both cancer-intrinsic and immunemediated mechanisms, fostering therapeutic resistance
- Our team has discovered and characterized AB801, a novel highly potent and selective small molecule AXL inhibitor³
- AB801 in combination with α PD-1 and chemotherapy overcomes therapeutic resistance and

AXL is Expressed on Cancer Cells & Immune Cells in MC38 Syngeneic Tumors



Stk11 KO MC38 Tumors Are Infiltrated with Immunosuppressive Myeloid Cells that Express AXL





AB801 in

 α PD-1 and

2way ANOVA with

volumes for each

AB801 + ΟΧΑ + αPD-1

improved tumor

Of

with



Ligand-dependent AXL signaling is mediated by binding of its ligand, GAS6, leading to receptor Figure 1. and subsequent phosphorylation. Ligand-independent homodimerization dimerization can also occur, resulting in AXL phosphorylation. Phosphorylated AXL signals through various pathways that promote cancer cell survival and proliferation as well as immunosuppression. Schematic created with Bio Render.com

Figure 8. The TME of Stk11 KO tumors is more immunosuppressive with increased suppressive myeloid infiltration and increased AXL expression. A) Stk11 KO tumors have aggressive growth kinetics, therefore 33x less Stk11 KO cells were inoculated to archive similar growth between WT and Stk11 KO tumors. Tumors were collected for TIL when both groups reached ~400 mm³ B) Stk11 KO tumors were more immunosuppressed than WT with increased frequencies of mMDSCs, macrophages, and PMN-MDSCs. C) Increased frequency of AXL+ cancer * P<0.05, ** P<0.01, *** P< 0.001, **** P<0.0001. Manncells, mMDSCs, M2 macrophages, PMN-MDSCs. Whiney test.

In Stk11 KO Tumors, AB801 in Combination with αPD-1 and Oxaliplatin Increases Anti-Tumor Efficacy

Cancer Cells & Select Immune Cells Express AXL





AB801 Sensitizes Cancer Cells to Chemotherapy by Increasing DNA Damage



Figure 6. Efficacy of AB801 in combination with αPD-1 and oxaliplatin in MC38 tumors. A) Survival curves showing improved survival of AB801+ OXA+ α PD-1 therapy vs α PD-1 alone (P=0.012, Mantel-Cox test). Treatment was started when average tumor volume was $\sim 90 \text{ mm}^3$ across all groups. B) Change in body weight during treatment. AB801+ αPD-1 resulted in improved survival compared to αPD-1 monotherapy and was better tolerated than OXA + αPD-1 as indicated by the lack of weight loss. C) Plots of individual tumor volumes showing number of complete regressions (CR) per treatment group.

AB801 in Combination with α PD-1 and Oxaliplatin **Generates a Pro-Inflammatory Immune Response**





Figure 3. Paclitaxel-resistant HEY-T30 cells were treated with 300 nM or 1 µM AB801 alone or in combination with paclitaxel for 72 h. A) Viability was measured by CellTiter-Glo®. B) yH2AX was quantified by Western blot.



Figure 4. AB801 in combination with docetaxel decreases EMT and increases expression of ligands that promote the interaction of immune cells with cancer cells. H460 NSCLC cells were treated with 300 nM or 1 µM AB801 alone or in combination with 1 nM docetaxel for 72 hours. A) E-cadherin protein levels were quantified by flow cytometry. B) *ICAM-1* gene expression was quantified by qPCR.

Figure 7. AB801 in combination with α PD-1 and oxaliplatin promotes a pro-inflammatory immune response in the TME. A) Tumor growth kinetics during treatment, showing reduced volume with α PD-1, AB801+ α PD-1, or AB801+ OXA+ α PD-1 therapy. Treatment was started when average tumor volume was ~90 mm³ across all groups. B) Tumor weights at collection showing significantly degreased weight in α PD-1, AB801+ α PD-1 or AB801+ OXA+ αPD-1 treatment groups compared to vehicle (Brown-Forsythe & Welch ANOVA with Dunnett's T3 multiple comparisons test, *, P<0.05, **, P<0.01). C) Frequency of CD103+ DC1s across all treatments D) Frequency of p15e Tetramer+ CD8+ T-cells E) Frequency of mMDSCs. For C-D significance was determined using a Kruskal-Wallis test with Dunn's multiple comparisons test, * P<0.05, ** P< 0.001, **** P<0.0001.



- AXL is a promising therapeutic target involved in cancer cell-intrinsic and immunomodulatory mechanisms
- The potent and selective AXL inhibitor AB801 reduces immunosuppression in the TME, enables activation of an anti-tumor immune response and renders tumors more susceptible to checkpoint blockade and chemotherapy.
- AB801 in combination with oxaliplatin and α PD-1 improves tumor control in aggressive and immunosuppressed Stk11 KO MC38 tumors.

References

1) Zhu, C. et al. Mol. Cancer 2019, 18:153. 2) Son, H-Y. et al. Front. Oncol. 2021, 11:756225 3) Miles, D. et al. EORTC-NCI-AACR 2022 Abstract 290, PB070